

FILED 24 FEB '16 14:42 USDC-ORP

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON  
PORTLAND DIVISION

Asa Carl Swindle  
Michael Alan McVahle  
(Enter full name of plaintiff(s))

Plaintiff(s),

v.

Multnomah County Circuit Court  
OR State Court of Appeals  
(Enter full name of ALL defendant(s))

Defendant(s).

3'16 CV-0341  
Civil Case No. (to be assigned by Clerk of the Court)

SI

APPLICATION TO PROCEED  
IN FORMA PAUPERIS

I, Michael Alan McVahle, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions:

1. Are you currently incarcerated? ☐ Yes ☒ No

If "Yes" state the place of your incarceration: \_\_\_\_\_

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? ☐ Yes ☒ No ☐ Self-employed

a. If the answer is "Yes," state:

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Amount of take-home pay or wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify pay period)

- b. If the answer is "No," state:  
 Name of last employer: \_\_\_\_\_  
 Address of last employer: \_\_\_\_\_  
 Date of last employment: \_\_\_\_\_  
 Amount of take-home salary or wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify pay period)
3. Is your spouse or significant-other employed? ☐ Yes ☐ No ☐ Self-employed ☒ Not applicable  
 If the answer is "Yes," state:  
 Employer's name: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_  
 Amount of take-home pay or wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify pay period)
4. In the past 12 months have you received any money from any of the following sources?
- a. Business, profession or other self-employment ☐ Yes ☒ No  
 If "Yes," state: Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_
- b. Rent payments, interest, or dividends ☐ Yes ☒ No  
 If "Yes," state: Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_
- c. Pensions, annuities, or life insurance payments ☐ Yes ☒ No  
 If "Yes," state: Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_
- d. Disability or workers compensation payments ☐ Yes ☒ No  
 If "Yes," state: Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_
- e. Gifts or inheritances ☐ Yes ☒ No  
 If "Yes," state: Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_
- f. Any other sources ☐ Yes ☒ No  
 If "Yes," state: Source: \_\_\_\_\_  
 Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_

5. Do you have cash or checking or savings accounts? ☐ Yes ☒ No  
(including prison trust accounts)?

If "Yes," state the total amount: \_\_\_\_\_

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes," describe the asset(s) and state the value of each asset listed.

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7. Do you have any other assets? ☐ Yes ☒ No

If "Yes," list the asset(s) and state the value of each asset listed.

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8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☐ Yes ☒ No

If "Yes," describe and provide the amount of the monthly expense.

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9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

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10. Do you have any debts or financial obligations? ☐ Yes ☒ No

If "Yes," describe the amounts owed and to whom they are payable.

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If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).

I declare under penalty of perjury that the above information is true and correct.

Feb 23<sup>rd</sup> 2016  
DATE

Michael A. McVahle  
SIGNATURE OF APPLICANT

Michael Alan McVahle  
PRINTED NAME OF APPLICANT

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

## UNITED STATES DISTRICT COURT

for the

*Michael Alan McVale* OREGON  
*Earl Swindell*

Plaintiff/Petitioner

v.

MULTNOMAH COUNTY COURTS

Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:  
 I am unemployed

My gross pay or wages are: \$ \_\_\_\_\_, and my take-home pay or wages are: \$ \_\_\_\_\_ per  
 (specify pay period) \_\_\_\_\_.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                              |  |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.00 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:  
0

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:  
whatever I have

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date:

Feb 23, 2016Michael A McVahle

Applicant's signature

Michael Alan McVahle

Printed name